

# **GUIDE**



**For Assessing Changes in  
Behavior in Residents of  
Long Term Care Facilities and....**

**Getting Help When Needed**

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# Guide

## For Assessing Changes in Behavior in Residents of Long Term Care Facilities

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## Introduction

From time to time some residents in all types of long term care facilities may exhibit puzzling and troublesome behavior. Often this behavior becomes difficult for other residents and staff to deal with. Sometimes a resident becomes dangerous to himself or abusive to others. This guide is intended to:

Present some fundamental principles to guide staff in addressing such changes in behavior.

Provide guidelines for **preparing** for such changes, **before** they occur.

Offer a step-by-step process to follow when such changes occur. This process will help staff determine whether the situation:

- Is an emergency and should be referred to Crisis Intervention
- Can be dealt with internally, by existing staff
- Requires the services of an outside consultant

This guide will provide detailed steps to follow in each case.

## Fundamental Principles

**Behavior has meaning.** The meaning may not be immediately obvious, even to the person acting out the behavior. The challenge to the caregiver is to remain open minded and to seek to understand the meaning of the behavior. To facilitate that, assessment of troubling behavior should include some individuals who are not directly involved in caring for the person who is exhibiting that behavior. People who are not experiencing the problem should be able to provide an objective look at the situation and therefore should be involved in assessing the problems.

**Over half the time, sudden changes in behavior have a physical or medication-related cause.** Research indicates that at least 54% of the time, such changes are found to be caused by physical issues or by medication. So, it is important to have a complete and comprehensive medical evaluation when there is a sudden or rapid change in the individual's behavior.

Your facility not only represents the least restrictive environment for this person but, and much more importantly, it is their home. It is, therefore, important to do everything reasonable to assure that their lives have quality and as little stress as we can manage.

## Medical Evaluation

The purpose of this evaluation is to rule out physical and/or medication-related causes for the change in behavior. At a minimum this medical evaluation should include a physical assessment, blood work, and a urinary tract assessment. Based on the medical providers impression, it could also include a CT scan or other diagnostic tests.

Be sure to request a hearing and vision assessment as well as a medical and physical exam. Reduce to the lowest possible doses all existing medications (strictly under physician direction).

Have a mini-mental status exam administered by a qualified person.

## Preparing for Changes in Behavior Ahead of Time

Each facility should establish an internal intervention team to address behavioral changes. The core team should include:

The director of nursing,

The social worker,

And, it is very important for the facility's medical director to be on the team.

In addition to the above individuals there will be others joining the core team who work with the individual resident for whom the team is meeting, such as:

The resident in question,

His or her family member or other informal support network member,

Direct care staff.

The facility's core intervention team should develop a working relationship with Crisis Intervention staff so that when a crisis occurs, it will be easier for the two groups to work together.

In conjunction with Crisis Intervention staff, the facility's team should develop a general plan for when a call to Crisis Intervention is desirable.

When an individual arrives at the facility with a history of difficult behaviors, the intervention team should develop a plan specifically for that individual. Such advance planning gives both the facility and Crisis Intervention the means to provide quality service to the individual in need, and to the other residents and the staff. In addition advance planning will make later contacts easier and more effective. As with other plans, the resident and people who know him/her should be involved, along with the facility's Intervention Team and the Crisis Intervention staff

## General Plan to Handle Difficult Behavioral Changes

**When a crisis occurs, the facility's Intervention Team will take the following steps:**

1. Determine if this is an emergency.
  - a. team should quickly gather information for Crisis Intervention and contact them. See page 5 if the changes in behavior are causing danger to the resident or to others, the, "**Information for Crisis Intervention.**"
2. Determine if this is a gradual change in behavior.
  - a. If it is, the Intervention Team will develop a plan to deal with the matter internally. See "**Handling Difficult Behavior Internally**" on page 4.
  - b. If that doesn't work, the team will call an outside consultant. . See page 5, "**Gathering Information for a Consultant**"
3. Determine if this is an abrupt change in behavior.
  - a. If so, a medical evaluation should be the first step, including an assessment of medications. See page 4, "**Medical Evaluation,**" and "**Gathering Information for a Consultant,**" page 5.

- b. If no medical or physical cause is found, the Intervention Team will develop a plan to deal with the matter internally. See below, “**Handling Difficult Behavior Internally**”
- c. If that doesn’t work, the team will call an outside consultant. See page 5, “**Gathering Information for a Consultant**”

## Handling Difficult Behavior Internally

If an abrupt change in behavior is not found to have a medical or physical cause, or if the change in behavior has been gradual, it is best to try to address the matter with existing staff, within the facility. The team should develop and implement an intervention plan, including ways to measure whether or not the plan has succeeded.

1. Define the problem – see Appendix 1
2. Measure the problem – see Appendix 2
3. Review all this information as a team, and decide what is needed. The team now determines that
  - There is no longer a problem (**please document that**), or
  - Only internal actions are needed at this time, in which case a plan for those actions needs to be drawn up. The plan should state clearly who is going to do what, should include measures to determine if the plan has been successful, and should include a date for review.<sup>1</sup> Suggested elements of a plan:
    - Modify the environment – reduce noise, eliminate clutter, allow clutter, reduce/increase lighting.
    - Keep the furniture in the same place at all times. (unless change requested by resident.)
    - Be aware of the possible need to change roommate arrangements (**often this should be one of the last options**).
    - Assess and address the needs of the individual **as stated by the individual**, especially comfort needs.
      - An example of a situation that could cause difficulty for a facility is an older gentleman who has worked on the third shift all of his life – he is used to being up during the night and sleeping during the day. This type of situation could cause some problems for everyone especially if he cannot verbally communicate with staff.
    - Keep daily routines as consistent as possible **as established by the resident’s choices, not the institution’s**.
  - Internal actions are not sufficient; outside assistance is needed. See “**Gathering Information for a Consultant**,” page 5.

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<sup>1</sup> When an intervention has been in place for a while, repeat the worksheets and see how the person is doing. Be consistent, communicate regularly both within each shift and between shifts and with family/guardians and members of the informal network. Be patient when making changes. Give them enough time to work.

## **Gathering Information for a Consultant**

Have the following ready for the primary physician and/or consultant:

The reason for the consultation as defined by the team.

A record of behaviors (you might use the worksheets “Defining the Problem” and “Measuring Behavior” in the section on “Handling Difficult Behavior Internally.”)

A recent set of postural vital signs and an older set for comparison.

Information about the client’s compliance with medications.

A list of medications currently being taken and any recently changed.

A list of PRN meds used during the past week.

Recent laboratory data. (especially information on infections, blood sugar level, electrolytes, UA and blood pressure).

Results of the mini-mental status exam.

## **Information for Crisis Intervention Programs**

When calling for immediate assistance, gather the following information and be prepared to provide it to the Crisis Intervention program when you call.

- The individual’s name and date of birth.
- Describe the behaviors that are of concern, including
- Onset,
- Duration and
- What has been attempted to resolve the situation and
- What the results were.
- What does the individual say is happening or causing your concerns?
- What if any recent changes have been noted?
- Daily activities, such as sleep, eating, wandering.
- Any changes in surroundings such as roommate moved, changed or died?
- What are the individual’s life circumstances? Any recent changes?
- When was last physical assessment made?
- Any recent labs done? What are the results?
- Name of medical provider.
- Has provider been called?
- Will provider order the referral to Crisis?
- What medications is the individual taking?

- When was the last time taken?
- Any recent changes in medication?
- Is client compliant with medication regiment?
- Is there any family support/involvement? How much if any?
- Is there a guardian? What has been their involvement?
- Have family/guardian been made aware of the recent concerns?
- Any psychiatric/mental health history known?
- If so, please provide relevant information including last hospitalization, where hospitalized, and diagnosis if known.
- What intervention are you asking for?
- Is there an advance directive of any sort either related to physical or mental health? If so, please have copy available as reference. (See Appendix 5 for the explanation of mental health advanced directive)

There will, in all likelihood, be a situation or circumstance that has not been thought of here. Preplanning is the best way to deal with unexpected or surprise events. We suggest that you call your local crisis program, get to know them and let them get to know you. Work out the specifics together of what each of you can and will do to make the situation the best for the individual or individuals in crisis, be it resident or staff.

## Appendix 1: Worksheet for Defining the Problem

Determine exactly what the “problem” is. Ask questions such as, but not limited to:

Who is having trouble with this behavior?

Does the person involved feel there is a problem? Yes\_\_\_ No\_\_\_

If yes, what do they say the problem is\_\_\_\_\_

If yes, what does the person say is needed to solve it?

Have you tried per the person’s suggestion? Yes\_\_\_ No\_\_\_

What happened?

\_\_\_\_\_

If the person says there’s no problem, what do they say is going on?

\_\_\_\_\_

Is there something that can be done in support of the person that will end the difficult behavior? \_\_\_\_\_

What does the individual say/feel about what is happening?

What does the staff say/feel about what is happening?

What was happening just prior to the development of the problem? Such as, has the individual received a visitor? Who was it?

Or was she/he expecting a visit that did not come? Yes\_\_\_ No\_\_\_

Was there anything that happened to this individual that was out of the ordinary?

Yes\_\_\_ No\_\_\_ What was it? \_\_\_\_\_



Does this happen every time there is a problem? Yes\_\_\_ No\_\_\_

Why is this behavior a problem? \_\_\_\_\_

What is the impact of having this behavior continue?

What else have you tried and what happened? \_\_\_\_\_

Then...Reconsider. Reconsider everything!

Ask each question again, ask different people if possible. You may get different observations and more helpful ideas.

Are the answers the same or have they changed? Same\_\_\_ Changed\_\_\_

You may find that what seemed to be problem behavior was a reasonable reaction to a situation you were not aware of, and that your investigation has shown that it wasn't really a problem.

Is it still a problem? Yes\_\_\_ No\_\_\_

If not, what is it? \_\_\_\_\_

## Appendix 2: Worksheet for Measuring the Behavior

When does it occur? (Indicate as many as are applicable)– morning, afternoon, mealtime, bath time, bedtime, other \_\_\_\_\_

Who is present when the behavior occurs?

Visitor/s \_\_\_\_\_

Other residents \_\_\_\_\_

Staff \_\_\_\_\_

How often does it happen (as many as are applicable)?

Once a day, once a week, twice a day, etc.?

What interventions have been tried?	With what results?

What seems to help? \_\_\_\_\_

What makes it worse? \_\_\_\_\_

## Appendix 3: How to Contact a Consultant

Your facility may have a contracted consultant for these types of situations or you may call the following:

For all licensed long term care facilities, the Department of Human Services has a behavioral consultant who will come to your facility and will assist the staff with developing behavioral plans. Her name is Laura Cote and she may be reached at 207-897-9573.

The Department of Behavioral and Developmental Services has mobile geriatric services available. Please call the program in your area to determine the location covered and the range of services offered:

Community Counseling Center,	Portland	874-1030	874-1030TTY
Counseling Services Inc.,	Sanford	324-1550	286-8062TTY
Tri-County Mental Health Services,	Lewiston	783-4695	783-4678TTY
Health Reach Network, Senior Supports	Augusta	626-3420	626-3420TTY
Mid-Coast Elder Services	Bath	443-7667	443-7589TTY
Mid-Coast Mental Health Center	Belfast	888-660-9991	338-5846TTY
Northern Maine Medical Center's Aftercare Program	Fort Kent	834-3155	834-4100TTY
Aroostook Mental Health Center	Presque Isle	764-3319	800-457-1220TTY
Community Health & Counseling Services, Elder Service Program	Bangor	947-0366	990-4730TTY
Washington County Psychotherapy Assoc.	Bangor	941-4293	941-4322TTY
Washington County Psychotherapy Assoc. Elder Care Program, attn: William Dodge LCSW	Trenton	667-3488	

## Appendix 4: Contacting Crisis Intervention

1-888-568-1112

If you dial this number statewide, you'll get one of the agencies listed below, depending on where you are dialing from.

### Region I

Cumberland County

Cumberland County Crisis Services, Ingraham

York County

York County Crisis Services

Crisis Response Services of Southern Maine

### Region II

Kennebec and Somerset Counties

Kennebec-Somerset Crisis Services

Sagadahoc, Lincoln, Knox &

Coastal Crisis Response

Waldo Counties; plus

Sweetser

Brunswick/Freeport Areas

Mid-Coast MHC

Androscoggin, Oxford & Franklin

Western Crisis Services

Counties

Tri-County MHS, Evergreen

Behavioral Services &

Oxford Co. Crisis Response

Rumford Group Home

### Region III

Aroostook County

Crisis Help Line

Penobscot, Piscataquis,

Northeast Crisis Response Phone Line

Hancock, & Washington Counties

## **Appendix 5: Psychiatric Advance Directive**

If you are concerned that you may be subject to involuntary psychiatric commitment or treatment at some future time, you can prepare a legal document in advance to express your choices about treatment. The document is called an advance directive for mental health decision making.

### **What are the advantages of a psychiatric advance directive?**

If you expect to need mental health treatment in the future and believe that you might be found incompetent to make your decisions at that time:

- An advance directive empowers you to make your treatment preferences known.
- An advance directive will improve communication between you and your physician. It can prevent clashes with professionals over treatment and may prevent forced treatment.
- Having an advance directive may shorten your hospital stay.

### **Where can I get legal advice about advance directives in Maine?**

- **Disability Rights Center (DRC) – 1-800-452-1948**  
DRC is Maine's protection and advocacy agency for people with disabilities. It is a non-profit agency, independent of state and federal government.
- **Legal Services for the Elderly – 1-800-750-5353**  
Provides free, high quality legal assistance to socially and economically needy Maine residents age 60 and older.
- **Long Term Care Ombudsman Program – 1-800-499-0229**  
A Swedish word, Ombudsman (pronounced om-budz-man) is a specially trained advocate who is given authority under federal and Maine law to investigate and resolve complaints made by, or on behalf of, long-term care consumers.
- **Pine Tree Legal Assistance – Augusta, 622-4731**  
Non-profit corporation providing legal assistance to people in the State of Maine whose income is one hundred twenty-five percent of the federal income poverty guidelines or less.